

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUSTED ALZHOZHT		ADJUSTED ALZHOZHT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27	1					
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		ADJUSTED ALZHOZHT		ADJUSTED ALZHOZHT	
	CHD	DEP	CHD	DEP	CHD	DEP
51						
52		1				
53		1				
54						
55						
56	1	1				
57	1					
58						
59						
60						
61						
62						
63						
64						
65						
66	1					
67						
68						
69						
70						
71						
72						
73						
74						
75	1					
76						
77						
78						
79						
80						
81						
82						
83						
84						
85	1					
86						
87						
88	1					
89		1				
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	30					
TOTAL CLAIMS	39					